

**STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER QUALITY**

Clean Water Assurance Certification Form

Administrative Certification

Date _____

Any applicant who requests authorization under the New Jersey Pollutant Discharge Elimination System (NJPDES) General Permit No. NJ0132993 BG is required to designate an authorized agent who will be responsible for ensuring that the discharge to be authorized by this general BG permit complies with all applicable requirements of this permit and has certified this in writing. An original copy of this certification shall be submitted to the Department 14 days prior to discharging.

Please complete the certification to request authorization under the General Discharge Permit for Hydrostatic Tank Testing:

a) Name of entity authorizing the work (company, town or municipality) resulting in the discharge to surface water _____

Name of principal officer in the company or a specified official in the town or municipality other than the authorized agent _____

Business address _____

_____Telephone No. _____

b) Name of authorized agent _____

Title _____

Affiliation _____

Address _____

_____Telephone No. _____

c) The scheduled date(s) of the discharge event(s) _____

d) Source of the water being discharged _____

1) Nature of the discharge _____

2) Approximate quantity or flow rate, as appropriate, of the discharge _____

3) Approximate duration of the discharge _____

4) Location(s) (street name(s) or street address (as appropriate), municipality, and county) of the discharge _____

5) The receiving waters to which the discharge is directed, including the method of transport (i.e., via storm sewer, ditch, tributary, etc.) _____

I. All Best Management Practices to be used:

II. All Tank and Vessel Cleaning Requirements used (list procedures, source, and publication):

III. Describe the Designated Discharge Point:

I, the undersigned, certify under penalty of law that the information provided in this document is true, accurate and complete. I have been designated by the authorizing entity listed above to maintain full responsibility for this discharge and its compliance with all applicable requirements as set forth in the NJPDES/DSW General Permit for Hydrostatic Testing Discharges NJ 0132993. I am aware that there are significant civil and criminal penalties for submitting false, inaccurate or incomplete information, including fines and/or imprisonment. I certify that Best Management Practices and Tank and Vessel Cleaning Requirements appropriate to the discharge have been employed and the discharge shall not contain toxic pollutants in toxic amounts as defined under 33 USC. 1251 *et seq.*, the Federal Water Pollution Control Act, or other pollutants which could cause adverse impacts or be detrimental to the natural aquatic biota or which could cause instream exceedances of applicable Federal or New Jersey Surface Water Quality Standards criteria (N.J.A.C. 7:9B-1.14 *et seq.*) I have no prior knowledge which would deem this discharge ineligible for coverage under this permit.

Signature of Authorized Agent

Printed Name/Title

Date of Signature

Signature of Authorizing Entity
(Principal Officer or Specified Official
other than authorized agent)

Printed Name/Title

Date of Signature